

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/5-62727

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19		2				
20		1				
21						
22		1				
23		2				
24		2				
25		2				
26		2				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35		2				
36	1		1			
37	1		1			
38	1		1			
39						
40						
41						
42						
43						
44						
45	1					
46						
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓	16	↓		↓
TOTAL DEP.	←		62	←		←
TOTAL CLAIMS			78			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52	1		1			
53		1		1		
54		2		1		
55		2		1		
56		2		1		
57	1		1			
58		1		1		
59	1		1			
60	1		1			
61		1		1		
62		1		1		
63	1		1			
64		1		1		
65		1		1		
66		1		1		
67		1		1		
68						
69	1		1			
70		1		1		
71		1		1		
72	1		1			
73		1		1		
74	1		1			
75		1		1		
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94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						